

3/02

POSITION	INITIALS	ID NO.	DATE
	M A		04/09/01
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		59	521
<b>FORMALITY REVIEW</b>	IC	10/19	05-15-01
<b>RESPONSE FORMALITY REVIEW</b>	lt	907	12-14-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/2/01
2	✓	✓	3/5/01
3			9/25/01
4			
5			
6			
7			
8			
9			
10			
11			
12	✓	✓	
13	✓	✓	
14	N	N	
15	N	N	
16	✓	✓	
17			
18			
19			
20	✓	✓	
21	N	N	
22	✓	✓	
23	✓	✓	
24	N	N	
25	✓	✓	
26	N	N	
27	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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3/02  
JG-6/17  
8-40-01

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